

 Citation for Non-Compliance Utah Minerals Regulatory Program 1594 West North Temple, Salt Lake City, UT 84114 Phone: (801) 538-5340 Fax: (801) 359-3940	Citation #: MC-2016-07	
	Permit Number: S/055/0021	
	Date Issued: 06/08/2016	
<input type="checkbox"/> NOTICE OF VIOLATION	<input checked="" type="checkbox"/> CESSATION ORDER (CO)	<input type="checkbox"/> FAILURE TO ABATE CO
Permittee Name: State Stone Corporation		Inspector ID and Number: 42
Mine Name: Torrey Buff/Red Quarries		Date of Inspection: June 7, 2016
Certified Return Receipt Number: 7014 2870 0001 4231 9908		Date and Time of Service: 6/9/16 3:00pm
Nature of condition, practice, or violation: Failure to maintain reclamation surety		
Provisions of Act, regulations, or permit violated: R647-3-111.1.11 Failure to furnish and maintain reclamation surety.		
For Cessation Orders and Failure to Abate CO's, check appropriate box(es) below: <input checked="" type="checkbox"/> This order requires Cessation of ALL mining activities. Or <input type="checkbox"/> This order requires Cessation of PORTION(S) of the mining activities.		
Mining activities to be ceased immediately:		
<input checked="" type="checkbox"/> Condition, practice, or violation is creating an imminent danger to health or safety of the public.	<input type="checkbox"/> Permittee/Operator is/has been conducting mining activities without a Permit.	
<input checked="" type="checkbox"/> Condition, practice, or violation is causing or can reasonably be expected to cause significant, imminent environmental harm to land, air, or water resources.	<input type="checkbox"/> Permittee has failed to abate Violation included in Citation # _____ within time for abatement originally fixed or subsequently extended.	
Abatement/corrective action(s) required (for all Citations): Post adequate bond (\$20,800.00 three year escalation or \$21,200.00 five year escalation) or reclaim site.		Abatement Times (if applicable) Post bond by August 12, 2016 or reclaim site except for seeding by August 12, 2016. Seed by October 31, 2016.
Permittee Representative (Print) _____ Permittee Representative's Signature _____ Date _____		Wayne H. Western DOGM Representative (Print) _____ Wayne A. White DOGM Representative's Signature _____ Date 06/07/2016

SEE REVERSE SIDE Of This Form For Instructions And Additional Information